

State of New Jersey OFFICE OF THE ATTORNEY GENERAL

JON S. CORZINE
Governor

Date of Event:

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION ON CIVIL RIGHTS
P.O. Box 46001
Newark, NJ 07102

ZULIMA V. FARBER *Attorney General*

J. Frank Vespa-Papaleo, Esq. Director

EVENT SPEAKER REQUEST FORM

*All event speaker requests should be submitted a minimum of thirty (30) days prior to the event. Please note that, pursuant to applicable ethics policies and guidelines, all requests for speakers are subject to approval by the Attorney General or her designee. Be advised that our speakers do not accept honoraria or fees to speak.

Please complete this form and fax or email it, along with any additional information you think might be helpful, at least 30 days prior to the event, to:

Ms. Waleska Lucas Office of the Director NJ Division on Civil Rights PO Box 46001 Newark, NJ 07102

Email: waleska.lucas@njcivilrights.org

Event Location:

PHONE: (973) 648-6262

FAX: (973) 648-7582

Title of	Event:			
Beginni	ng/Ending Time of Event:			
Beginni	ng/End Time of Speaker's Participation:			
Contact	Person's Name & Title:			
Contact's Phone Numbers: Work			Cell:	Fax:
Email:_		О	rganization's Website:	
How we	ere you referred to our agency?			
1.	Who are you requesting as your speaker?:			
	" Director Frank Vespa-Papaleo If "Other" identify name of requested spe	" ake	Other or type of speaker needed ((i.e., attorney, investigator, etc).
2.	If the Director or the requested employee is unable to attend, would you like us to attempt to secure another Division employee as a replacement speaker or panelist? "Yes "No			
3.	Provide a copy of the event invitation or fl " Seminar " Conference " Swearing-in " Awards ceremony	"	Group meeting	



Telephone: (973) 648-6262

4.	Provide the format of speaker's participation: " Keynote " Welcoming/Greetings " Panelist " Other " Moderator " Substantive training " Q&A			
5.	Describe the topic(s) you like the speaker to address.			
6.	Who will be introducing the speaker?			
7.	Provide your RSVP deadline if any:			
8.	Please provide the anticipated size of audience:			
9.	Is this a partisan/ political event? "Yes "No			
10.	Cost per attendee (face value of the event ticket and/or estimated cost per attendee to the sponsoring organization.):			
11.	Will any meals, food or drink be provided to attendees during the event? "Yes "No Except for nominal refreshments such as non-alcoholic beverages and light snacks, list any meals, food and drink to be provided, and the approximate total cost per attendee.			
12.	Are the sponsors, underwriters, co-sponsors or event organizers offering to pay, waive or reimburse for even or registration fees, costs of travel, meals, accommodations, or other costs associated with the Division employee attending the event, and is this offered to all other invited speakers? "Yes "No If yes, please specify:			
13.	Is the event a fund-raiser? "Yes "No If yes, provide the name of the recipient(s)			
14.	Will anyone besides the person requested from the Division be speaking at this event? "Yes "No If yes, provide the name and business or organizational affiliation of all other speakers:			
15.	Are any press or media representatives expected to be in attendance? If so, provide the name and business or organizational affiliation of each press or media representative, and provide name and contact of the person handles press relations for your event/organization:			
16.	List all organizers, sponsors and co-sponsors of the event, and for each organizer, sponsor or co-sponsor answer the following questions: a. Is it a: "Non-profit organization? "Government agency? "Other? (describe the nature of the business entity - e.g. corporation, partnership, etc.) b. Does it have any contracts with the State of New Jersey?			
	c. Is the organizer, sponsor or co-sponsor a named party or the representative of a named party in a complain case, appeal or other matter involving the New Jersey Division on Civil Rights? If so, provide the name and docket number or otherwise describe the matter.			
	d. Does the organizer, sponsor or co-sponsor advocate or represent the positions of its members to the Division on Civil Rights?			
	Date Signature			

If you would like to provide any additional information do not hesitate to attach it to this form and fax or email it to the above address. Thank you

This page is for DCR Office Use Onl	у				
(include date and initials of staff completing each step):					
Date received at Office of Director:	-				
Referral by:					
Director Office review:	-				
Ethics Review:					
Reply Date:	-				
Notes:					
Speaker Assigned:	_				